## City of Columbus, Income Tax Division Change of Address

Dart 1	CHANGE YOUR HOME MAILING ADDRESS
raiti	CHANGE TOOK HOWE WAILING ADDRESS

Individual income tax returns (Forms IR-22, IR-25, IR-21, IR-18 etc.)			
If your last return was a joint return and you are now establishing a residence			
separate from the spouse with whom you filed that return, check here	<b>&gt;</b>		
1. Your name (first name, middle initial and last name)	1a. Your Social Se	1a. Your Social Security Number	
	l l	I I	
2. Spouse's name (first name, middle initial and last name)	2a. Spouse's Soc	ial Security Number	
	1	1	
3. Prior name(s)		 	
3. Filoi liailie(s)			
4. Old address (number, street, city or town, state and zip code)			
5. New address (number, street, city or town, state and zip code)			
Part 2 CHANGE YOUR BUSINESS MAILING ADDRESS OR	BUSINESS LOCAT	ION	
Check all boxes this change affects:			
6. Business net profit returns (Forms BR-25, BR-21, BR-18 etc.)			
7. Employer withholding returns (Forms IT-11, IT-13, IT-15 etc.)			
8. Business location			
9. Business name	9a. EIN/FID Numb	9a. EIN/FID Number	
10. Old mailing address (number, street, city or town, state and zip code)			
11. New mailing address (number, street, city or town, state and zip code)	Room or Suite no. Nev	v Telephone No.	
The maining data occ (mainson, octoor, only or form, octoor and Expression)	(	)	
	Nev (	v Fax No.	
Part 3 SIGNATURE		,	
Part 3 SIGNATURE			
Daytime telephone number of person to contact (optional)			
		1	
Sign ▶ Your signature Date If Part 2 comple	eted, signature of owner, officer	or representative Date	
Here	,	, Jane Bato	
If joint return, spouse's signature Date			